

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Jackson 3005 ✓ STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 Civil Dist. 14 Registration District No. 44414 File No. 229
 or
 Village _____ Primary Registration District No. _____ Registered No. 2
 or
 City _____ (No. _____, _____ St.; _____ Ward) (If death occurred in hospital or institute give its NAME instead of street and number.)

2 FULL NAME: "died unmarried"

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
Write the word

6 DATE OF BIRTH February 6, 1917
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) DeFeated, Tenn.

PARENTS
 10 NAME OF FATHER Staff Butler
 11 BIRTHPLACE OF FATHER (State or country) DeFeated, Tenn.
 12 MAIDEN NAME OF MOTHER Minnie Sircy
 13 BIRTHPLACE OF MOTHER (State or country) DeFeated, Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Staff Butler
 (Address) DeFeated, Tenn.

15 Filed Feb 10 7 1917 C E Carter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 7, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased _____ 191____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows:
X Collar Wives

 _____ (Duration) _____ yrs. _____ mos. _____ s.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____
 (Signed) Mrs Vic Butler
Midwife DeFeated?
 _____, 191____ (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Sircy St. DATE OF BURIAL Feb 8, 1917
 20 UNDERTAKER None ADDRESS _____